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GEORGE Name (print)

# JUDGE DEPT. 3 Office (if applicable)

District (if applicable)

### Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	CHECK HERE IF LOAN
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## GEORGE Name (print)

## Judge Office (if applicable)

District (if applicable)

#### **Contributions of \$100 or Less**

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DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION
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JUDGE DEPT. 3
Office (if applicable)

District (if applicable)

#### **Expense Categories**

CATEGORIES	CODE	The state of the s
Office expenses	A	
Expenses related to volunteers	В	
Expenses related to travel	С	
Expenses related to advertising	, D	
Expenses related to paid staff	E	- 100
Expenses related to consultants	·F	],
Expenses related to polling	G	
Expenses related to special events	Н	
** Goods and services provided in kind for which money would otherwise have been paid	ı	
Other miscellaneous expenses	J	

\*\* NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.

7°50 4 of 10



### ASSAO JUDGE DEPT. 3 Office (if applicable) GEORGE Name (print)

District (if applicable)

### **Expenses in Excess of \$100**

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY: (See Previous Page) NRS 294A 365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
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## GEORGE ASSAD JUDGE DEPT. 3

ne (print) Office (if applicable)

District (if applicable)

### Expenses of \$100 or Less

DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE	CATEGORY
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Report Period

### GEORGE ASSAD Name (print) Judge Office (if applicable)

District (if applicable)

### **IN KIND**

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH IN KIND CONTRIBUTION	DESCRIPTION OF  EACH IN KIND  CONTRIBUTION	VALUE OR COST OF EACH IN KIND CONTRIBUTION	CHECK HERE IF LOAN
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GEOR GE Name (print)

District (if applicable)

### **IN KIND**

### **Contributions of \$100 or Less**

DATE OF EACH IN KIND CONTRIBUTION	DESCRIPTION OF IN KIND CONTRIBUTION	VALUE OR COST OF EACH IN KIND CONTRIBUTION				
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## TWGE DEPT. 3 Office (if applicable)

Name (print)

District (if applicable)

### **IN KIND**

### **Expenses in Excess of \$100**

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE IN KIND GOOD(S) OR SERVICE(S)	DESCRIPTION OF EACH IN KIND EXPENSE	DATE OF EACH IN KIND EXPENSE	VALUE OR GOST OF EAGH IN KIND EXPENSE
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### GEORGE ASSAD JUDGE DEPT. 3

Name (print)

Office (if applicable)

District (if applicable)

### **IN KIND**

### Expenses of \$100 or Less

DATE OF EACH IN KIND EXPENSE	VALUE OR COST. OF EACH IN KIND EXPENSE	DESCRIPTION OF EACH IN KIND EXPENSE
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